

L17000165905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

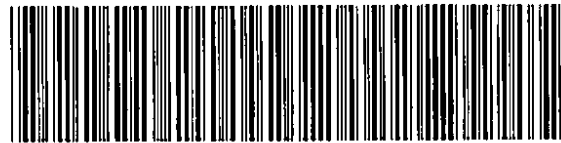
(Business Entity Name)

(Document Number)

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17 DEC 18 AM 11:52
TALLAHASSEE, FLORIDA

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DEC 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2017

TAMAR SHENDELL
635 SE 10 ST, STE 635A
DEERFIELD BCH, FL 33441

SUBJECT: LSTS LLC
Ref. Number: L17000165905

We have received your document for LSTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPROATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 917A00022742

2017 DEC 16 AM 11:24

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tamar Duffner Shendell, Esq.

Name of Person

Shendell & Associates, P.A.

Firm/Company

635 SE 10 Street, Suite 635A

Address

Deerfield Beach, FL 33441

City/State and Zip Code

tamar@shendell-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamar Duffner Shendell

at (954)

781-3747

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: LSTS LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

635 SE 10 Street, Suite 635A

635 SE 10 Street, Suite 635A

Deerfield Beach, FL 33441

Deerfield Beach, FL 33441

08/03/2017

L17000165905

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) SHENDELL & ASSOCIATES, P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5340 N. FEDERAL HIGHWAY, SUITE 201

LIGHTHOUSE POINT, FL 33064

(b) Shendell & Associates, P.A.

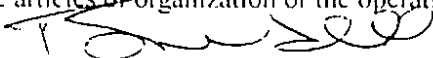
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

635 SE 10 Street, Suite 635A

Deerfield Beach, FL 33441

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

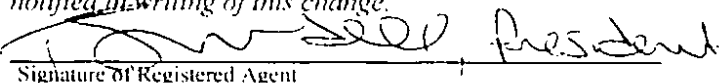


Tamar Duffner Shendell

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent